V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19496

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5953

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4525 Harris Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4525 Harris Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Henry Dehne
3. (b) If veteran, name war No.
3. (c) Social Security No. 489-10-9702
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Anna Dehne
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased September 1 1872. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	10	12	hr. min.

9. Birthplace Germany. (City, town, or county) 4 (State or foreign country)
10. Usual occupation Taitor.
11. Industry or business Dreimeyer Tailoring Co.

FATHER
12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Dehne.
(b) Address 4525 Harris Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JUL 14 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th. year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 1-19-42 to 7-12 1942 and that I last saw him alive on July 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	1 week
Due to Cardio vascular hypertension	2 yrs
Due to Hypertrophied prostate	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Tangeman Vogel (M. D. or other) M.D.
Address 3325 S. Grand Date signed 7-12-42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.